

# Ansøgning IRE Australien

## Din ansøgning er vigtig!

Din ansøgning bliver brugt til at finde den bedst mulige placering til dig. Alt hvad du skriver, vil blive sendt ud til potentielle værter, derfor er det vigtigt at du er ærlig hele vejen igennem ansøgningen. Du skal hele tiden have fokus på, at din ansøgning skal give det bedste indtryk overfor en mulig vært.

Derfor - **gør dig umage!**

## Hvad er en god ansøgning?

1. Ansøgningen skal være sandfærdig. Lad vær med at overdriv eller underdriv dine færdigheder og erfaringer.
2. Din selvbiografi (personal description) skal fylde ca. en A4-side. Fortæl om dig selv, din baggrund, og hvad du gerne vil opnå ved at tage et udlandsophold.
3. Billedet kommer forrest på din ansøgning. Brug derfor et ordentligt billede, hvor du ser professionel ud og smiler.
4. Lav gerne en video, hvor du fortæller om dig selv, din baggrund og hvorfor du gerne vil til udlandet. Den kan uploades på YouTube privat, så det kun er personer med et link til den, der kan se den.

Har du nogle spørgsmål til udfyldelse er du altid velkommen til at kontakte os!

## For at sikre at din ansøgning er komplet, kan du bruge denne tjekliste:

- Udfyldt Travel to Farm tilmeldingsblanket
- Underskrevet samtykke
- Udfyldt IRE-ansøgningsskema
- Farvebillede
- Kopi af pas
- Kopi af kørekort
- 2 anbefalinger
- Uddannelsesbevis
- Selvbiografi (personal description) på engelsk
- CV på engelsk
- Straffeattest
- Dokumentation for aftjent værnepligt (kun hvis du har været i militæret)
- Kontoudskrift fra de sidste 6 måneder
- Link til YouTube video

# Travel to Farm tilmeldingsblanket

<b>1. Valg af land:</b>			
<b>2. Personlige oplysninger</b>			
Fulde navn:		Adresse og postnummer:	
Telefonnummer:		E-mail:	
Køn (mand/kvinde)		Status (single/kæreste/gift)	
Studerende <input type="checkbox"/> Navn på skole _____ Hvilket skoleforløb er du på? _____ Er opholdet en del af praktikperioden på din uddannelse?      Ja                                      Nej			
Faglært <input type="checkbox"/> Stilling _____ Hvilken skole har du taget din uddannelse på? _____		Andet _____	
Kontaktoplysninger på pårørende ved nødstilfælde (navn, adresse, telefonnummer.)			
<b>3. Rejsedatoer</b>			
Hvor lang tid vil du gerne være afsted (antal måneder)?		Start på ophold (dato):	
<b>4. Placeringsønsker</b> Arbejdsområde du er interesseret i (skriv hvad du er mest interesseret i: 1-2-3. prioritet):			
<b>LANDMAND</b> Planteavl Søer Malkekvæg Heste <input type="checkbox"/> Slagtesvin Får <input type="checkbox"/> Kødkvæg <input type="checkbox"/> Andet _____	<b>GARTNER</b> Drivhus/væksthus <input type="checkbox"/> Anlægsgartner <input type="checkbox"/> Havecenter/ planteskole <input type="checkbox"/> Blomster/ løgproduktion <input type="checkbox"/> Grøntsager Andet _____	<b>HÅNDVÆRKER</b> Smed Tømre Jord/beton Andet _____ <b>AUPAIR</b> Kun i hus 50/50 hus/udendørs Andet _____	<b>HOSPITALITY/TURISME</b> Hotel på landet Feriegård/bondegårdsferie Restaurant/cafeteria Familiedrevet hotel Kombineret landbrug og turisme Andet _____
Hvis du selv har fundet en placering i udlandet, skriv venligst navn, adresse, telefon og mail på din kommende vært:			
T-shirt størrelse: S <input type="checkbox"/> M <input type="checkbox"/> L      XL      XXL <input type="checkbox"/> Er du medlem af LandboUngdom? _____			
<b>5. Erklæring</b>			
<b>Jeg erklærer hermed at jeg er indforstået med følgende:</b>			
<ul style="list-style-type: none"> <li>- Jeg skal købe en rejseforsikring til min rejse (arrangeret af Travel to Farm eller af den ansvarlige partner i praktiklandet).</li> <li>- Jeg vil informere Travel to Farm og værtsfamilien, hvis der sker nogle ændringer i mine rejseplaner, eller programlængde.</li> <li>- Jeg vil ikke skifte værtfamilie uden at konsultere partnerorganisationen eller Travel to Farm. Gør jeg dette vil jeg blive ekskluderet fra programmet og vil ikke få penge tilbage.</li> <li>- Jeg vil være en god ambassadør for Danmark og følge de instrukser som Travel to Farm har givet mig.</li> <li>- Jeg vil betale alle fakturaer sendt fra Travel to Farm (servicegebyr, flybillet, forsikring o. lign.)</li> <li>- Annulleringsreglerne jf. <a href="http://www.t2f.dk">www.t2f.dk</a></li> </ul>			

Dato \_\_\_\_\_

Underskrift \_\_\_\_\_

# SAMTYKKE



Samtykke mellem Travel to Farm og \_\_\_\_\_

navn

Jeg giver hermed samtykke til at:

- 1) Travel to Farm kontakter mine referencer jf. de medsendte udtalelser
- 2) Travel to Farm kontakter min studievejleder, hvis jeg er under uddannelse
- 3) Travel to Farm må behandle mine helbredsoplysninger i forbindelse med de lande hvor det kræves samt i forbindelse med visumansøgninger
- 4) Travel to Farm videresender min ansøgning til den partner i det land jeg gerne vil til (3. part)

(sæt kryds)

Norge	
Holland	
Irland	
Tyskland	
Frankrig	
Schweiz	
Island	
Australien	
Canada	
New Zealand	
USA	
Japan	

*\*Vi skal gøre opmærksom på at lande uden for EU anses som værende 'ikke data sikre' i forhold til EU standarder.*

- 5) Travel to Farm opbevarer min ansøgning, samtykke og bekræftelser i op til 5 år fra vi har modtaget din ansøgning jf. retslig forpligtelse om opbevaring af oplysninger.
- 6) Travel to Farm opbevarer ubegrænset mine personlige oplysninger (navn, adresse, email, telefonnummer, uddannelse, land du er rejst til, periode du har været af sted samt evt. skole du kommer fra) i deres database.
  - a. Det gør de så de kan tilbyde rabat ved bestilling af ny rejse, udstede certifikater og med mit samtykke invitere mig til årlige arrangementer.
  - b. Og til interne statistisk formål
- 7) Travel to Farm udleverer mit navn og kontaktinfo til andre rejsende i samme periode
- 8) Travel to Farm videregiver mine personlige oplysninger (navn, adresse, CPR-nummer, rejsedestination, uddannelse og kontonummer) samt uddannelsesbevis og flybilletter til fonde, hvis der søges legater.

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**Fulde navn**

**Dato**

*Et samtykke er ikke for evigt. Ønsker du trække dit samtykke tilbage, så du sende os en mail på [t2f@t2f.dk](mailto:t2f@t2f.dk)  
OBS: Tilbagekalder du dit samtykke kan det have den konsekvens, at du ikke kan komme afsted og at betalte beløb ikke tilbagebetales.*

## **Din ansøgning til Australien**

For at stille sig selv bedst muligt i konkurrencen om at få en placering i Australien er det indledende papirarbejde en rigtig vigtig faktor. Det er et krav fra Immigration, at de informationer du opgiver er præcise og overskuelige. Derfor er det vigtigt, at dit CV er detaljeret og sat overskueligt op. Man skal hurtigt kunne danne sig et overblik over din erfaring inddelt efter uddannelse, arbejdserfaring og frivilligt arbejde. Det er også et krav fra immigration, at du laver en selvbiografi, hvor du fortæller om dig selv, din familie, uddannelse og arbejdserfaring. Det skal være ca. 1 A4 side og det er vigtigt, at det matcher de informationer der også står i dit CV. Vi kan ikke søge visum til dig uden en selvbiografi og dit CV. Immigration laver stikprøvekontrol og tjekker referencer, derfor er det vigtigt, at de informationer du opgiver er sande.

Et godt og detaljeret CV og en god selvbiografi er ikke kun for immigrations skyld, men også for de potentielle værter, som skal læse din ansøgning. De giver et indtryk af hvem du er og din motivation for at rejse ud. Et ordentligt CV og en god selvbiografi kan være afgørende for, om du får tilbudt en placering.

Vær derfor omhyggelig når du laver din ansøgning.

Dit CV skal bestå af følgende:

### **Personal information**

Name:

Address:

Age:

Email:

Phone:

Nationality:

Marital status:

Religion:

### **Objective**

En kort sætning om hvad du vil efter dit ophold i Australien. (Her er det en god ide at holde det inden for landbrug også selvom det måske ikke er det der kommer til at ske).

### **Education**

Husk start og slutdato på uddannelsen, navnet på den skole du går/gik på og titel på uddannelsen. F.eks. skilled farmer.

### **Employment history**

Her skal du fortælle om din arbejdserfaring – for hvert job du har haft skal du huske følgende information:

- navnet på firmaet/ham som du arbejdede for
- Start og slutdato
- din jobtitel (f.eks. intern (under uddannelse/praktik), farm worker, farm manager, farm assistant etc).
- dine primære arbejdsopgaver
- adresse på stedet samt telefonnummer og navn på en reference

### **Volunteer work**

Navn på organisation, start og slutdato, hvad har du lavet

**DU KAN FINDE EN SKABELON TIL ET CV PÅ [WWW.T2F.DK](http://WWW.T2F.DK) – lige til at taste dine informationer ind i.**

# IRE Agricultural Worldwide

PO Box 92, Narembeen WA 6369 AUSTRALIA PH: 08 9064 7411

Email [info@ire.org.au](mailto:info@ire.org.au)

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## Inbound application 2018

Thank you for showing interest in practical training in Australia with IRE Agricultural Worldwide.

To ensure your application is circulating with hosts promptly please make sure you have submitted the following documents with your application form:

- Resume – please list current and previous employment – no longer than 2 pages
- Biography – please make sure this a maximum of 2 pages
- 2 references – these need to be related to Agriculture
- Diplomas/Certificates – these to be Agricultural related
- A recent colour photo of yourself (passport sized) send in separate attachment
- Bio-date photo page in your passport
- Covermore insurance form
- Driver's License
- Interview

To enable us to find you a placement as quickly as possible most suited to your needs and experience please make sure you submit a complete application. Please do not send any references, school certificates or diplomas that are not related to Agriculture. **Please make sure that you are honest when filling in the relationship and smoking section of the application as this enables us to place you on the appropriate property.** Once a placement has been found IRE will send you a Placement Offer along with our terms and conditions for you to sign. Once this is completed we can start your visa application process.

If for some reason your application is unsuccessful for the current intake we will advise your home organisation and they will notify you. We will give you the opportunity to keep your application on file and apply for the next intake.

We look forward to working with you.

Narelle Vaughan  
Ashleigh McIntyre  
IRE Agricultural Worldwide

**IRE AGRICULTURAL WORLDWIDE AUSTRALIA**  
**HORTICULTURE APPLICATION 2018**

Passport  
photo here

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female  Single  In a relationship  Married  Smoker: Yes  No

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Do you have a Driver's License? Yes  No  Truck License  (for \_\_\_\_\_ tonnes)

Language Spoken English Excellent  Good  Average  Fair  Poor

Written English Excellent  Good  Average  Fair  Poor

**Horticulture Preference**

Please mark your first 3 preferences – 1 being most preferred. If you will only accept a certain placement, DO NOT mark the other preferences.

Nursery  Pot Plants  Cut Flowers  Fruit/Vegetables  Other

Do you have a preferred state/area you wish to be placed \_\_\_\_\_

Do you need this training to complete your education at home Yes  No

If asked to be placed with a friend and this is not possible are you happy to be placed alone Yes  No

Which intake do you prefer March  July  September

How long do you plan to work? \_\_\_\_\_ travel? \_\_\_\_\_

What date can you start? \_\_\_\_\_

When do you want to finish your placement \_\_\_\_\_

When do you need to be home? \_\_\_\_\_

**Self- Placed Applicants (only fill in if you have secured a placement already)**

Host name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE DO NOT FILL THIS SECTION IN - OFFICE USE ONLY.....**

Name \_\_\_\_\_ Age \_\_\_\_\_ Length \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Experience and Qualifications:**

Your current occupation: \_\_\_\_\_

Does your family own a farm/horticulture operation? Yes  No

Do you currently work on family farm? Yes  No  If No, where to do you work \_\_\_\_\_

What sort of farm and what size \_\_\_\_\_

Tell us what jobs you do on the farm \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been to Agricultural School? Yes  No  Are you currently at Ag School? Yes  No

Dates you attended Agricultural School: \_\_\_\_\_

\_\_\_\_\_

**MACHINERY**

**Please list the type of machines you have operated and estimate the number of hours for each**

Tractor hours \_\_\_\_\_ Tractor Make and Model \_\_\_\_\_

\_\_\_\_\_

Harvester hours \_\_\_\_\_ Harvester Make and Model \_\_\_\_\_

\_\_\_\_\_

Truck hours \_\_\_\_\_ Truck Make and Model \_\_\_\_\_

\_\_\_\_\_

Any other farm machinery you have operated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list your educational history relating to Horticulture/Agriculture (eg Ag School or University)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Questions for visa application**

Place of Birth – Country, province, state?

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Have you ever lived outside of your home country for more than 5 years?

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In the last 5 years, have you visited, or lived, outside your home country for more than 3 consecutive months (other than Australia)?

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Have you: - ever had, or currently have, tuberculosis?

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Has the applicant ever been convicted of an offence in any country (including any conviction which is now removed from official records)?

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Has the applicant ever undergone any military/paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products?

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## **DECLARATION**

“I understand and commit myself to the following conditions while I am on the IRE program”

- I will hold a valid comprehensive medical, repatriation and baggage insurance policy at least to IRE’s minimum specification for my entire time on the IRE program
- I will stay with a host placement approved by IRE for the period designated
- I can be dismissed from the IRE program if I leave my placement without first having approval from Narelle Vaughan the National Coordinator
- Any criminal activity, excessive or abusive use of alcohol and possession and/or use of illegal drugs will result in my dismissal from the program.

## **AGREEMENT AND UNDERTAKING TO COMPLY**

I have read and understood the conditions above and will comply with them completely.

I declare that all the information given in this application is complete and accurate.

I have read the **IRE Application Notes** and I accept and understand the basis of this program.

I understand and accept that while IRE uses its best endeavours and takes all care, IRE accepts no responsibility whatsoever for any outcome at all arising from my choice to participate in an IRE Program or arising from the actions of any of its agents, suppliers or partner groups.

I understand and agree that if I am dismissed from the IRE program, my return home transportation costs will be entirely my responsibility. I agree that IRE or its partner organisations will not be responsible for any resulting costs.

I understand IRE will collect personal information through this application and other forms so they can serve me effectively. I understand IRE will include my name, age and contact details from home and in Australia in its printed material distributed to program participants and hosts.

I authorise any promotional material I submit to IRE, such as photos and letters, whilst I am in Australia as a participant of the IRE Program, to be used for marketing purposes.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**NEXT OF KIN**

**CURRENT/PAST MEDICAL HISTORY**

Please list all physical and/or medical conditions (ear, back, allergies, eating disorders, mental health etc ) you may suffer

---

---

Do you need medication for any reason? If yes, please give details?

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---

**NEXT OF KIN / MEDICAL AUTHORIZATION**

I, \_\_\_\_\_, Next of Kin hereby authorize any hospital, physician or other person who has examined

\_\_\_\_\_, my \_\_\_\_\_,  
(Name of patient) (relationship to patient)

to provide Narelle Vaughan of IRE Agricultural Worldwide, as the sponsor of the above at 8 Churchill Street, Narembeen WA 6369 AUSTRALIA phone 1300 730 737 any and all information with respect to any illness or injury and treatment, and to act as next of kin and therefore contact person on my behalf.

\_\_\_\_\_  
Next of Kin Telephone Number Mobile Number

\_\_\_\_\_  
Full Name Trainee Signature Trainee Date

\_\_\_\_\_  
Witness Name Signature Witness Date

# EKSEMPEL

## NEXT OF KIN

### CURRENT/PAST MEDICAL HISTORY

Please list all physical and/or medical conditions (ear, back, allergies, eating disorders, mental health etc) you may suffer

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Do you wear glasses/ contact lenses? \_\_\_\_\_

Do you need medication for any reason? If yes, please give details?

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### NEXT OF KIN / MEDICAL AUTHORIZATION

I, Lene Persson, Next of Kin hereby authorize any hospital, physician or other person who has examined

Per Persson, my Son,  
(Name of patient) (relationship to patient)

to provide Narelle Vaughan of IRE Agricultural Worldwide, as the sponsor of the above at 8 Churchill Street, Narembeen WA 6369 AUSTRALIA phone 1300 730 737any and all information with respect to any illness or injury and treatment, and to act as next of kin and therefore contact person on my behalf.

Lene Persson  
Next of Kin

+ 45  
Telephone Number

+ 45  
Mobile Number

Per Persson  
Full Name Trainee

Per Persson  
Signature Trainee

1/1-17  
Date

Stig Persson  
Witness Name

Stig Persson  
Signature Witness

1/1-17  
Date

## Travel Plan selected

- International**  Go to 1.
- Budget**  Go to 2.
- Inbound**  Go to 3.
- Annual multi trip**  Go to 4.
- Australian**  Go to 6.
- Australian cancellation and additional expenses**  Go to 5.

### For International, Budget, Australian and Australian Cancellation and Additional Expenses Travel Plans

Departure Date / /  Return Date / /

## 1. International Travel Plan

Are you spending more than 72 hours in the USA, South or Central America or Antarctica?  Yes  No

What is the country or region you will be spending the majority of the trip?

Excess \$  Ask our representative for excess options.

[Go to 6](#)

## 2. Budget Travel Plan

Are you spending more than 72 hours in the USA, Canada or Antarctica?  Yes  No

Would you like to purchase Excess Buy Out?  Yes  No

What is the country or region you will be spending the majority of the trip?

[Go to 6](#)

## 3. Inbound Travel Plan

Departure Date / /  Return Date / /

Arrival Date into Australia / /  Your home country

[Go to 6](#)

## 4. Annual Multi Trip Travel Plan

Region A – Worldwide including USA, South or Central America or Antarctica.

Region B – Worldwide excluding USA, South or Central America or Antarctica if more than 72 hours of any one trip is to these destinations.

Excess selected \$  Ask our representative for excess options.

Period of Insurance is one year from the nominated "Commencement Date" / /  Commencement Date

[Go to 6](#)

## 5. Australian Cancellation and Additional Expenses Travel Plan

\$1,000  \$3,000

No. of Fare Paying Passengers  [Go to 6](#)

## 6. Personal details

### First adult

Title  Given name

Surname  Date of birth / /

Are you a resident of Australia?  Yes  No

### Second adult

Title  Given name

Surname  Date of birth / /

Are you a resident of Australia?  Yes  No

### Children

Number of accompanying children.

See definition of Child or Children in the Policy wording.

Title	Full name	Date of birth
1.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Address

Address

City/suburb

State  Postcode

Phone no.

Email

[Go to 7](#)

## 7. Existing medical condition(s)

Are you applying for an International Travel Plan and have a High Risk existing medical condition, or require cover for any other existing medical condition, or are 80 years or over?  Yes  No

Refer to Existing Medical Condition section of the PDS.

Are you applying for an Annual Multi Trip Travel Plan and have a High Risk existing medical condition, or require cover for any other existing medical condition?  Yes  No

Refer to Existing Medical Condition section of the PDS.

Are you applying for an Australian Travel Plan and require cover for an existing medical condition?  Yes  No

Refer to Existing Medical Condition section of the PDS.

[Go to 8](#)

## 8. Are you applying for cover for:

**Snow sports cover?**  Yes  No

Only available on the International and Annual Multi Trip Travel Plans. Not applicable to Australian Travel Plans or if you are travelling to New Zealand.

**Additional rental vehicle insurance excess?**  Yes  No

Additional cover required \$

Only available on International, Annual Multi Trip and Australian Travel Plans.

**Specified items cover?**  Yes  No

Only available on International, Annual Multi Trip and Australian Travel Plans.

Complete the following section for any specified item cover required.

Description including brand model and age	Value
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
Total sum insured	\$ <input type="text"/>

Do you have a receipt or valuation less than 12 months old?  Yes  No

This will be needed in the event of a claim. [Go to 9](#)

## 9. Total premium

\$

[Go to 10](#)

## Privacy

nib is committed to protecting your privacy when we collect, use, store and disclose your information. We only collect your personal information including sensitive information from you or from an authorised third party for the purpose of arranging and managing your travel insurance and related services with us. If you provide us someone else's personal information, you confirm you have obtained their consent to do so. We may disclose your personal information to our related entities and third parties for the purpose of assisting us in the provision of our services to you. Some of these parties may be located in other countries such as Europe, UK and USA.

Our Privacy Policy describes further how we manage privacy as well as how you can access or correct your personal information and how to make a complaint. You can view our Privacy Policy at [nib.com.au/docs/privacy-policy](http://nib.com.au/docs/privacy-policy) or obtain a copy by contacting us on **1300 555 017** or requesting this from one of our partners or service providers.

If you do not provide all the personal information we have requested, we may not be able to provide you with our insurance, services or products.

## Your Duty of Disclosure

Before you enter into, vary or extend an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. When we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

When amending or extending your contract of insurance, we will ask you specific questions about any change in your circumstances. You must tell us about any change to something you have previously told us, otherwise you will be taken to have told us that there is no change. You have this duty until we agree to insure, amend or extend the contract.

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## 10. Please read, complete, sign and return to our representative. To be kept secure by our representative.

I/we acknowledge that a copy of the combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) and any Supplementary Product Disclosure Statement (SPDS) was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.

I/we authorise nib Travel Insurance or their representative to give or obtain from other insurers or an insurance reference bureau, any information relating to an insurance held or claim made.

I/we authorise any doctor or clinic to provide nib Travel Insurance with information concerning my/our current or past medical history.

I/we acknowledge that this policy does not automatically provide cover for Existing Medical Conditions.

### Group applications:

In the case of a group application for travel insurance I/we understand that all of the information supplied will be confirmed on a Certificate of Insurance that may be issued to all members of the group travelling (limited to acknowledgment only in the case of any accepted existing medical condition(s)).

I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

## → YOUR APPLICATION FOR INSURANCE REQUIRES YOUR SIGNATURE HERE

(emailed forms do not require a signature)

**Signature**  **Date**

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)

## Travel Plan selected

- International**  Go to 1.
- Budget**  Go to 2.
- Inbound**  Go to 3.
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Would you like to purchase Excess Buy Out?  Yes  No

What is the country or region you will be spending the majority of the trip?

[Go to 6](#)

## 3. Inbound Travel Plan

Departure Date    /   /

Arrival Date into Australia / /  Your home country

Denmark (or whatever)

[Go to 6](#)

## 4. Annual Multi Trip Travel Plan

Region A – Worldwide including USA, South or Central America or Antarctica.

Region B – Worldwide excluding USA, South or Central America or Antarctica if more than 72 hours of any one trip is to these destinations.

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## 5. Australian Cancellation and Additional Expenses Travel Plan

\$1,000  \$3,000

No. of Fare Paying Passengers  [Go to 6](#)

## 6. Personal details

### First adult

Title  Given name

Surname  Date of birth / /

Are you a resident of Australia?  Yes  No

### Second adult

Title  Given name

Surname  Date of birth / /

Are you a resident of Australia?  Yes  No

### Children

Number of accompanying children.

See definition of Child or Children in the Policy wording.

Title	Full name	Date of birth
1.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Address

Address  Your home address

City/suburb

State  Postcode

Phone no.

Email

[Go to 7](#)

## 7. Existing medical condition(s)

Are you applying for an International Travel Plan and have a High Risk existing medical condition, or require cover for any other existing medical condition, or are 80 years or over?  Yes  No

Refer to Existing Medical Condition section of the PDS.

Are you applying for an Annual Multi Trip Travel Plan and have a High Risk existing medical condition, or require cover for any other existing medical condition?  Yes  No

Refer to Existing Medical Condition section of the PDS.

Are you applying for an Australian Travel Plan and require cover for an existing medical condition?  Yes  No

Refer to Existing Medical Condition section of the PDS.

[Go to 8](#)

## 8. Are you applying for cover for:

**Snow sports cover?**  Yes  No

Only available on the International and Annual Multi Trip Travel Plans. Not applicable to Australian Travel Plans or if you are travelling to New Zealand.

**Additional rental vehicle insurance excess?**  Yes  No

Additional cover required \$

Only available on International, Annual Multi Trip and Australian Travel Plans.

**Specified items cover?**  Yes  No

Only available on International, Annual Multi Trip and Australian Travel Plans.

Complete the following section for any specified item cover required.

Description including brand model and age	Value
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
Total sum insured	\$ <input type="text"/>

Do you have a receipt or valuation less than 12 months old?  Yes  No

This will be needed in the event of a claim. [Go to 9](#)

## 9. Total premium

\$

[Go to 10](#)

## Privacy

nib is committed to protecting your privacy when we collect, use, store and disclose your information. We only collect your personal information including sensitive information from you or from an authorised third party for the purpose of arranging and managing your travel insurance and related services with us. If you provide us someone else's personal information, you confirm you have obtained their consent to do so. We may disclose your personal information to our related entities and third parties for the purpose of assisting us in the provision of our services to you. Some of these parties may be located in other countries such as Europe, UK and USA.

Our Privacy Policy describes further how we manage privacy as well as how you can access or correct your personal information and how to make a complaint. You can view our Privacy Policy at [nib.com.au/docs/privacy-policy](http://nib.com.au/docs/privacy-policy) or obtain a copy by contacting us on **1300 555 017** or requesting this from one of our partners or service providers.

If you do not provide all the personal information we have requested, we may not be able to provide you with our insurance, services or products.

## Your Duty of Disclosure

Before you enter into, vary or extend an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984. When we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

When amending or extending your contract of insurance, we will ask you specific questions about any change in your circumstances. You must tell us about any change to something you have previously told us, otherwise you will be taken to have told us that there is no change. You have this duty until we agree to insure, amend or extend the contract.

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## 10. Please read, complete, sign and return to our representative. To be kept secure by our representative.

I/we acknowledge that a copy of the combined Product Disclosure Statement (PDS) and Financial Services Guide (FSG) and any Supplementary Product Disclosure Statement (SPDS) was given to me/us before I/we applied for this insurance and that I/we have made the decision to purchase this after carefully reading the terms of the policy and agree that this product is suitable for my/our needs.

I/we authorise nib Travel Insurance or their representative to give or obtain from other insurers or an insurance reference bureau, any information relating to an insurance held or claim made.

I/we authorise any doctor or clinic to provide nib Travel Insurance with information concerning my/our current or past medical history.

I/we acknowledge that this policy does not automatically provide cover for Existing Medical Conditions.

### Group applications:

In the case of a group application for travel insurance I/we understand that all of the information supplied will be confirmed on a Certificate of Insurance that may be issued to all members of the group travelling (limited to acknowledgment only in the case of any accepted existing medical condition(s)).

I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

## → YOUR APPLICATION FOR INSURANCE REQUIRES YOUR SIGNATURE HERE

(emailed forms do not require a signature)

**Signature**  **Date**

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)



## Indsæt farvebillede

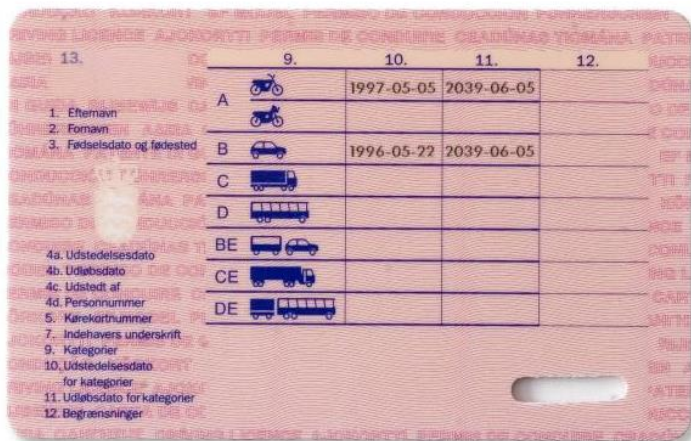




# Indsæt kopi af pas



# Indsæt kopi af kørekort



**Indsæt 2 anbefalinger**

# Indsæt uddannelsesbevis f.eks. grundforløbsbevis, hovedforløbsbevis eller faglærtbevis

Gråsten Landbrugsskole

## Skolevejledning for Landmand, husdyr

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skoleperiode: D2  
Periode: 02.02.2015 - 29.05.2015  
Cpr. nr.: \_\_\_\_\_

Bedømmelsen i forbindelse med de enkelte skole- og praktikperioder har til formål at konstatere elevens standpunkt og på den baggrund vejlede således, at der er mulighed for at rette på eventuel manglende viden og færdigheder inden næste skoleophold.  
Elevens har afsluttet ovennævnte skoleperiode og har opnået følgende resultat:

Fag	Standpunktskarakterer				Eksamenskarakterer			
	Mdt.	Skr.	Pra.	Andet	Mdt.	Skr.	Pra.	Andet
<b>Grundfag</b>								
Naturfag F				10				10
Sundhed				10				
<b>Område- og specialefag</b>								
Fagengelsk/internationalisering 1, begynder				BE <sup>1)</sup>				
Språjteteknik (delprøve 1 og 4), begynder				BE <sup>1)</sup>				
Teknikfag, begynder				7				
Dyrehold A specialproduktioner, rutineret				12				
Grundlæggende økonomi, trin 1, begynder				BE <sup>1)</sup>				
Husdyr (landbrug), rutineret				12				
Plantedyrkning (landbrug), rutineret				10				
<b>Valgfri supplerende undervisning</b>								
Dyrehold B Andre produktionsdyr, rutineret				7				
sprøjtecertifikat delprøve 1				BE <sup>1)</sup>				
sprøjtecertifikat delprøve 4				BE <sup>1)</sup>				

Gråsten Landbrugsskole  
Fislbækvej 15  
6300 Gråsten

Gråsten, 29. maj 2015

  
\_\_\_\_\_  
Kåre Heide-Ottosen  
forstander

Skr.= skriftlig, Mdt.= mundtlig, Pra.= praktisk karakter  
<sup>1)</sup> Skala: Bestået / ikke bestået

## Indsæt selvbiografi (på engelsk)

Selvbiografen skal være på ca. en A4 side, hvor du på engelsk fortæller om dig selv, din arbejds erfaringen inden for landbruget, din familie, fritidsinteresser, fremtidsplaner, hvorfor du gerne vil tage din praktik i Australien/hvad du vil opnå hermed (f.eks. at du vil være landmand i fremtiden/have din egen gård o.l.), dine styrker og svagheder osv. Det er vigtigt at du skriver hvorfor det er en fordel for dig at tage din praktik i udlandet - fx for at styrke din fremtidige karriere indenfor landbrugsfaget. Brevet bliver sendt med til din kommende værtsfamilie, når vi sender din ansøgning videre til Australien, og skal desuden også bruges til visum ansøgningen.

## Indsæt CV - nedenstående eksempel kan bruges som skabelon

### CONTACT INFORMATION

Name :  
Address:  
Telephone:  
Cell Phone:  
Email:

### PERSONAL INFORMATION

Date of Birth:  
Marital Status:

### CAREER GOAL

*Please explain in 1-2 sentences what your future career goals and plans are.*

Example: Through my education as a skilled farmer I hope to get a through understanding of my speciality within Dairy cattle. I expect to become a front runner for usage of new innovative ways of production, and therefore I wish to take some of my trainee period overseas to get a different perspective.

### EMPLOYMENT HISTORY

*List in chronological order (beginning with your latest employment), include position details and dates. Please also include what skills you gained during your work experience.*

Example:  
March 2006- April 2009: Travel to Farm

Student position at Travel to Farm, working 15 hours a week. Travel to farm is a non-profit organization, servicing Danish agricultural trainees who wish to go abroad during their education. I have been in charge of the administration of trainees and updating the webpage. During my time at Travel to Farm I have gained skills within administration and servicing. Furthermore I have also gained knowledge within Danish agricultural council.

### EDUCATION

*Include dates and details of education, training, major courses and certification(start with your latest education)*

September 2005- July 2008: Agricultural management  
August 2003- July 2005: Skilled farmer  
August 2003 - august 2004: Agricultural training at pig farm.

### PROFESSIONAL QUALIFICATIONS

Courses: spraying certificate, first aid certificate.  
Computer Skills: excellent user of Exel, powerpoint and word.

Language skills: Danish fluent in writing and speaking, English fluent in writing and speaking, Limited German.

### EXTRACURRICULAR WORK

May 2008- present: active member of LU ( agricultural youth organization)  
January 2006- January 2007: volunteer worker for Red Barnet.

**PERSONAL INTERESTS**

**PRIOR TRAVEL TO HOST COUNTRY** (the country you wish to travel to)

*Please write dates of entry/departure, if you have been in the country before.*

**HAVE YOU EVER BEEN DENIED TRAVEL TO HOST COUNTRY?**

**CRIMINAL RECORD**

*Have you ever been charged or convicted of a crime? If so, please explain*

# Indsæt straffeattest

RIGSPOLITIET



11. March 2016

page 1 of 2

## CRIMINAL RECORD CERTIFICATE

[REDACTED]

Danish person number: [REDACTED]

is not registered with any convictions in the Danish Criminal Records in accordance with Section 11 of the ministerial circular regarding the use of personal information recorded in the Danish Criminal Records Registry.

Jens Henrik Højbjerg  
National Commissioner of Police

Issued in pursuance of Section 11 of the Danish Ministry of Justice Circular regarding the use of personal information recorded in the Danish Criminal Records (cf. the following page).

Bestillings ID: 948656

**POLITI**



**Indsæt evt. dokumentation for aftjent værnepligt**

## **Indsæt kontoudskrift for de sidste 6 måneder**

(Der skal uploades et kontoudtog med din visumansøgning, dit navn skal fremgå og bankes brevhoved skal være på. De fleste får dem sendt til e-boks, så måske du kan finde dit der).

## **Indsæt link til YouTube video**

(Her kan du indsætte link til din YouTube video. Vi anbefaler dig at lave en YouTube video, da dette vil give dig en fordel i ansøgningsprocessen. Når du ligger din video på YouTube kan du gøre den privat, så kun personer med linket kan se videoen. Tjek gerne inden du vedhæfter linket, at det virker.)